PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

				or <u>Fax</u>	(5	11)-213-2003					
INSTRUCTIONS: This appropriate. All further c indicated unless correcter maintenance fee notificati	correspondence includit d below or directed of	for tran ng the l nerwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new of	or	maintenance fees verspondence address	vill be ; and/or	mailed to the current (b) indicating a sepa	rate "FEE /	ence address as ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
	7590 08/11	/2008						-			
COOK, ALEX, CUMMINGS & 1 SUITE 2850		1 li Sta ad tra	hereby certify that the ates Postal Service of Idressed to the Mai ansmitted to the USF	is Fee(vith suf Stop TO (57	e of Mailing or Trans s) Transmittal is being ficient postage for fin ISSUE FEE address 1) 273-2885, on the d	deposited v t class mail above, or t ate indicated	with the United in an envelope being facsimile I below.				
200 WEST ADA		Γ	Cristine M. Noll			(Depositor's nume)					
CHICAGO, IL 6	0606				Г	Court	- W	ina		(Signature)	
					r	November 1	1. 20	008		(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVEN			ITOR ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/786,813			Shunpei Yamaza					0553-0399			
TITLE OF INVENTION:			.1 0333-0399 3131								
APPLN. TYPE	SMALL ENTITY	ITY ISSUE FEE DUE		PUBLICATION FEE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DA	TE DUE	
nonprovisional	NO	\$1440		\$300		\$0		\$1740	11/	/12/2008	
EXAMINER			ART UNIT	CLASS-SUBCLASS	S						
NGUYEN, KEVIN M 2629				345-083000							
Change of correspondence address or indication of "Fee Address" (37 CFR 1.353) Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patient front page, list (1) the names of up 0.3 registered patient attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a 2 registered patient attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Semicondi Labora:	ss an assignee is ident in 37 CFR 3.11. Comp	ified be oletion o			he g aı	patent. If an assigr n assignment.			cument has	been filed for	
Please check the appropris	ate assignee category or	categor	ies (will not be pr	inted on the patent):	[☐ Individual 🖾 C	orporati	on or other private gro	up entity [Government	
4a. The following fee(s) are submitted: ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies				b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Psyment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the grupted [ge(s), any deficiency, or credit any overpayment, to Deposit Account Number _ 307/1039 (enclose an extra copy of this form).							
5. Change in Entity State a. Applicant claims	SMALL ENTITY state	s. See 3	7 CFR 1.27.	☐ b. Applicant is no	o lo	nger claiming SMA	LL EN	TITY status. See 37 C	R 1.27(g)(2	2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req cords of the United Sta	uired) w tes Pate	rill not be accepted nt and Trademark	I from anyone other to Office.	han	the applicant; a reg	istered a	ittorney or agent; or th	e assignee o	r other party in	
Authorized Signature Mull Mull				Date November 11, 7008							
Typed or printed name			•			Registration 1	-				
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio	tion is required by 37 C ality is governed by 35 application form to the ons for reducing this bu	FR 1.3 U.S.C. USPTO	11. The information 122 and 37 CFR D. Time will vary ould be sent to the	n is required to obtain I.14. This collection depending upon the Chief ETEP COMP	n or is e ind	retain a benefit by stimated to take 12 ividual case. Any or cer, U.S. Paten and	he publ minutes mment Traden	to complete, including s on the amount of times hark Office, U.S. Depo	by the USP g gathering, ne you requi irtment of C	TO to process) preparing, and ire to complete commerce, P.O.	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.